

TRAINING, EXPERIENCE AND PRECEPTOR STATEMENT

The Wisconsin Department of Health and Family Services is requesting disclosure of all information on this statement for the purpose of authorizing an individual to work with radioactive material. Failure to provide any information may result in denial or delay of authorizing an individual to work with radioactive material.

Instructions: Complete all applicable items. Refer to WISREG "Guidance for Medical Use of Radioactive Material." Use supplementary sheets where necessary. Retain one copy and submit original of the document to the State of Wisconsin, Department of Health and Family Services, P.O. Box 2659, Madison, WI 53701-2659.

PART I TRAINING AND EXPERIENCE

Describe training and experience in sufficient detail to match the training and experience criteria in applicable regulations.

1. Name of Individual, Proposed Authorization and Applicable Training Requirements

2. Physician, Podiatrist, Dentist, or Pharmacist provide the Wisconsin License number below

3. CERTIFICATION

Specialty Board	Category	Month and Year Certified

4. Didactic or Classroom and Laboratory Training (optional for Medical Physicists)
The following does not need to be completed when using Board Certification to meet 10 CFR Part 35 and HFS Subchapter VI training and experience requirements.

Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to Use and Measurement of Radioactivity			
Chemistry of Byproducts Material for Medical Use			
Other			

5a. Work Experience with Radiation

[illegible]

5b. Supervised Clinical Case Experience

[illegible]

6. Formal Training (applies to Medical Physicist and Therapy Physicians)

Degree, Area of Study or Residency Program	Name of Program and Location with Corresponding Materials License Number	Dates	Name of Organization that Approved the Program and applicable Regulation 10 CFR 35.490 or HFS 157.65(7)

7. Radiation Safety Officer – One-Year Full-Time Work Experience (in areas identified in number 5a and 5b)

- ☐ Yes Completed one year of full-time radiation safety experience (in all areas identified in number 5a) under the supervision of the _____ RSO for License No. _____
- ☐ N/A

8. Medical Physicist – One-Year Full-Time Training/Work Experience

- ☐ Yes Completed One-year of full-time training in therapeutic radiological physics under the supervision of _____
- ☐ N/A _____ who meets requirements for Authorized Medical Physicists; and
- ☐ Yes Completed One-year of full-time work experience (for areas in number 5a) for _____ modality(ies) under the supervision of _____ who meets requirements of Authorized Medical Physicists for
- ☐ N/A _____ modality(ies).

9. Supervising Individual – Identification and Qualifications

The training and experience indicated above was obtained under the supervision of (if more than one supervising individual is needed to meet requirements in 10 CFR 35 or Wisconsin State Statutes, HFS 157 Subchapter VI, provide the following information for each):

Name of Supervisor	Supervisor is: <input type="checkbox"/> Authorized User <input type="checkbox"/> Radiation Safety Officer <input type="checkbox"/> Authorized Medical Physicist <input type="checkbox"/> Authorized Nuclear Physicist
Supervisor meets requirements of 10 CFR, Part 35, Section(s) _____; or Wis.Stats. HFS 157, Subchapter VI, Section(s) _____ for medical uses in 10 CFR Part 35, Section(s) _____; or Wis. Stats. HFS 157, Subchapter VI, Section(s) _____.	
Address of Supervising Individual	Materials License Number (Indicate which state or if NRC)

PART II PERCEPTOR STATEMENT

NOTE: This part must be completed by the individual's preceptor. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in Wisconsin State Statutes, HFS 157.66(2).

Number 10 below must be completed for Nuclear Pharmacists meeting the requirements of 10 CFR Part 35, Subpart J. Preceptors do not have to complete items 11a, 11b, or the certifying statements for other individuals meeting the requirements of 10 CFR Part 35, Subpart J.

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	10. The individual named in item 1 has satisfactorily completed the training requirements in 10 CFR, Part 35.980 and is competent to independently operate a nuclear pharmacy
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	11a. The individual named in number 1 has satisfactorily completed the requirements in 10 CFR, Part 35, Section(s) and Paragraph(s) or Wisconsin State Statute, HFS 157.61, Sections and Paragraph(s) _____.
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	11b. The individual named in number 1 is competent to independently function as an authorized _____ for _____ uses (or units).

12. Preceptor Approval and Certification

☐ I certify the approval of number 10 and certify I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of numbers 7 and 8, and certify that I am an Authorized Nuclear Pharmacist;

or

☐ I certify the approval of number 7 and 8, and certify that I meet the DHFS requirement of _____ or the

equivalent: ☐ Agreement State ☐ NRC requirements to be a preceptor ☐ Medical Physicist
☐ Authorized User ☐ Radiation Safety Officer

For the following uses of Radioactive material(s) _____

Address of Preceptor

Materials License Number (Indicate which state or if NRC)

Print Name of Preceptor

SIGNATURE – Preceptor

Date Signed